

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036964

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 46

FILED SEP 27 1963

VS 300  
Rev. 4/59

1 0690

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11 069

12 91-3

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JACKSON TWP.</b>		Length of stay in 1b <b>18 MONTHS</b>	c. CITY OR TOWN <b>PARIS</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 MI. E. OF PARIS, MO.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>S. BUCKNER ST.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>SHARON LAVON BOYER</b>		4. DATE OF DEATH Month Day Year <b>SEPT. 23 1963</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-19-1934</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WORKER-CLOTHING FACTORY</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SEAMSTRESS</b>	9. AGE (last birthday) <b>26</b>
11. BIRTHPLACE (City and state or country) <b>PARIS, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HENRY CLAY MALLORY</b>		13b. MOTHER'S MAIDEN NAME <b>ETHEL N. LECHLITER</b>	
14. NAME OF HUSBAND OR WIFE <b>LEVERN BOYER</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>39</b>		17. INFORMANT <b>H. CLAY MALLORY</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Head and Chest Injury</b>		INTERVAL BETWEEN ONSET AND DEATH <b>NOT KNOWN</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Automobile Accident - Lost Control - Went into ditch</b>		20c. TIME OF INJURY Hour Month, Day, Year <b>9:30 a.m. SEPT. 23-63</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>State Road 154</b>	
20f. CITY, TOWN, OR LOCATION <b>Paris</b>		COUNTY <b>Monroe</b>	
20g. STATE <b>Missouri</b>		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>About 6:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) <b>Chas. M. Wilson, Coroner</b>		22b. ADDRESS <b>Monroe City, Mo.</b>	
22c. DATE SIGNED <b>Sept 23-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>9-28-1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE</b>	
23d. LOCATION (City, town, or county) <b>PARIS, MO.</b>		24. FUNERAL DIRECTOR <b>E.H. AGNEW</b>	
24. ADDRESS <b>PARIS, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>9-24-63</b>	
26. REGISTRAR'S SIGNATURE <b>F.A. Barnett M.D.</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SEP 20 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*E. W. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.